

APPENDIX E

Tobacco Use Control: Strategies for the 1990's

National Cancer Institute Smoking, Tobacco, and Cancer Program  
and Its Goals for the Year 2000

Charge to the Forum Participants  
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Good leaders make certain that those they lead accomplish all that is possible. Great leaders challenge us to do the impossible.

So Joe Cullen challenges us to bridge the cultures of the Academy and the trenches of public health advocacy. The over-cautious behavioral researcher, he challenges to action. The hot-blooded public health advocate, he challenges to disciplined reflection.

At a critical moment in the history of the Twentieth Century's black plague, he challenges all of us, together, to seize the opportunity.

In effect he is asking us, "Given the terrible knowledge that if we fail to act now on the basis of what we know -- or, alternatively, if we dissipate our energies on unproved and unsound initiatives -- hundreds of thousands more will die needlessly, what is it that we know now with sufficient certainty to justify action."

If we take the arts of war as an organizing metaphor, we can visualize the campaign against smoking as taking place on a vast field of battle, into we which we have introduced an array of forces, in hopes that their cumulative impact will carry the day. And what an extraordinary array of forces it has become: biological scientists, epidemiologists, public health leaders, clinical and social scientists, physicians, economists, the great voluntary health associations and citizen sparkplug activists, community leaders and community organizers, lawyers, political leaders and political strategists, journalists, and educators, and media advocacy specialists!

We know that we are advancing. We sense that our advance is accelerating. We know that both smoking and the economic and political interests that defend smoking are in retreat -- though they remain cunning and resourceful.

But this very proliferation of forces spells trouble for the hard scientist. In the soft real world, independent variables cannot always be isolated and controlled. Yet we can still learn from them:

o A New York policeman hears a radio counter-commercial that captures the dying words of a former cop facing the impact of his pending lung cancer death on his family. For twenty years, nothing has moved the listener to alter his smoking. Now he suddenly pulls the car he's driving, hurls his cigarette pack out the window, and vows never to smoke again.

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o New York's cessation clinics are overflowing with newly determined smokers who reached the point of decision only when facing the May 7th deadline on New York's clean indoor air regulations.

o As the price of cigarettes rises to include an increase in the excise tax, a teenage boy decides to spend his allowance on his punk rock collection instead of on cigarettes.

o A teenager in Richmond, California views the lively new videocassette celebrating Richmond's community mobilizing campaign to shake off the smoking habit, and signs up for the campaign.

I know that nothing evokes the discomfort of the research scientist more than the non-scientist's evocation of such "anecdotal evidence." Who can say for certain that any of these discrete events, or independent variables, alone caused the individual's conversion to non-smoking. To the contrary, there is ample reason to believe that the evolving social, regulatory, economic, educational, and media environments set the stage for each of these decisions, whatever the final, precipitating event.

But that environment included the counter-commercials, the laws, the taxes, the community mobilization efforts which at least triggered the decision to quit, or not to smoke at all. And something beyond anecdote, let's call it informed judgement, tells us that each of these events was indeed at least a contributing cause of the decision to quit, and that the initiative that led to that event was worthy -- and important.

And that brings us to the tasks for this morning:

With so contaminated a research environment, how do we choose among initiatives which compete for time and resources? Since cessation techniques have at least been the subject of some rigorous clinical trials, while public policy initiatives have not, how do we avoid biasing our commitment of resources to that which can be studied, as opposed to that which only our informed judgement tells us is effective.

Second, assuming that the collective experience of all of us here today lends weight to the probity of our informed judgement, what interventions do we judge to be of highest potential yield and priority? And what research can aid us in applying that informed judgement?

For example, I think no one can doubt that the single greatest opportunity for progress against smoking comes from the clean indoor air movement sweeping the country. Though I know of no controlled studies on the issue, who among us does not believe

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that, in addition to its primary purpose of protecting the non-smoker from involuntary pollution, clean indoor-air policies are a prime influence on smokers' decisions to quit, and a prime environmental factor helping quitters to stay smoke-free?

And though the hard evidence may be thin, do we not know enough about the efficacy of other public policies, including substantial cigarette excise tax increases, bans on cigarette advertising and promotion, and restraints on cigarette distribution through unattended vending machines, to pursue them vigorously?

I know of no group better equipped to address these and related priorities than this morning's panelists.

But, before they do, I would like to suggest three initiatives which arise from the real world experience of public health advocates, but which also have an important research potential.

1. a dispassionate and coordinated effort to track, comprehend, and respond to the deployment of the tobacco industries resources to maintain tobacco consumption;
2. a coordinated effort to strengthen mass media initiatives, to promote non-smoking norms, drawing upon the wide diversity of talent and experience gained by those who have taken the campaign against smoking to the mass media, as well as academic communications experts, and
3. the development and nurturing of leadership, or "sparkplug" networks of activists across the country who are committed to challenging their communities, especially the communities targeted as growth markets by the tobacco industry.

Let me talk briefly about the first two of these initiatives:

#### (1) Tracking the Tobacco Industry

"If tobacco were spinach, it would have been outlawed years ago and nobody would give a damn ! " Dr. Michael Shimkin, NCI, 1963

Despite the overwhelming weight of scientific authority, the tobacco industry has persisted for a quarter century in its determination to resist public awareness of smoking as a public health issue. It has done so through direct denials of scientific evidence, through indirect deflection of public health concerns by advertising imagery and promotional symbolism, and by disinformation campaigns designed to characterize smoking as an issue of personal hygiene and choice (analogous to the auto

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industry's campaign to make auto accidents the sole responsibility of "the nut behind the wheel," and not the manufacturer of unsafe cars).

The industry has inhibited the mobilization of our communities to respond to the public health hazards of smoking through the political deployment of its economic allies and dependents, through the strategic design and dissemination of advertising, promotion, and philanthropy, and through strategic investment in targeted community organizations, especially women's, black, and hispanic organizations.

One of the central tasks in disease prevention is the systematic observation and tracking of the offending virus or other agents of the disease. Since the tobacco industry is an agent of disease, should we not strive to better understand the nature of its defenses against intervention? Should we not support and coordinate the work of those who comb the trade press and the mass media to trace the footprints of tobacco's advocates? Systematically track tobacco industry strategies, especially the metamorphoses or mutations the industry undergoes in response to prophylactic measures? Pool our resources to develop, evaluate, and disseminate counterstrategies? And should we not call upon the specialized skills of those who know how to mobilize communities?

I believe the answer to all these questions must be a resounding yes.

(2) Communications. In the 1980's, the mass media -- more than schools, more than health care facilities, more, perhaps, than even the family -- shape our society's dominant health beliefs, attitudes, and behaviors. Thus, the entertainment media both reflect and reinforce behavioral norms. Advertising makes products and their use commonplace, too often in contradiction to healthful behavior. The news media inform, interpret, and help determine public policy agendas, including those which shape the environment in which health behaviors evolve.

Throughout the country (and, indeed, throughout the world), public health advocates have learned to breach the threshold of media indifference or hostility. Some have begun to acquire the craft-learning of media advocacy, and have displayed great creativity in gaining access to the media, alerting and informing the public of health risks and related policy implications. They have shown great skill in evoking the affirmative symbols of public debate in arguing for health-enhancing behaviors and policies: individual autonomy, freedom from harmful environmental influences, physical strength and well being, family welfare, and social accountability for those who would market harmful products.

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Despite the inhibiting effect of tobacco advertising dependency on the mass media, a phalanx of smoking/health related stories has recently stormed the news media, especially in newspapers and broadcast news: stories on new evidence of smoking's (and involuntary smoking's) hazards and addictive properties; on the campaigns to restrain or ban cigarette advertising and promotion; on legislative struggles over new health warnings in labels and in advertising; on excise tax increases; on smokeless tobacco promotion; on non-smoking initiatives in workplaces, airplanes, health facilities, restaurants and other public places, government offices, the Army, the Navy; stories on product liability cases; business stories on the tobacco industries' defensive marketing, promotion, and political strategies; stories of smoking and the women's movement, of celebrity deaths from smoking; stories about smoking cessation campaigns like the "Great Smoke-out"; even stories about smoking media initiatives themselves, such as the American Cancer Society's "smoking fetus" ad and Yul Brynner's posthumous testimonial to smoking as the cause of his own death; coverage of "Emphysema Slims" boycotts and cigarette billboard "redesign" civil disobedience campaigns by the outraged physicians of D.O.C.

Though difficult to measure, there is certainly reason to believe that the cumulative impact of these stories has reinforced public awareness of the hazards of smoking and enhanced public receptivity for smoking control policies generally, as well as trends towards a non-smoking norm.

Now is the time to draw upon the specialized skills of media advocacy specialists to strengthen the role of the media as a positive force both in contributing to the development of non-smoking norms and in strengthening public awareness of smoking as a public health issue.

This is a time of hope and opportunity.

What exactly do we mean by hope? Nobody has said in better than Eric Fromm, in The Revolution of Hope (Harper & Row, 1968),

"Hope...Is neither passive waiting nor is it unrealistic forcing of circumstances that cannot occur. It is like the crouched tiger, which will jump only when the moment for jumping has come. Neither tired reformism nor pseudo-radical adventurism is an expression of hope. To hope means to be ready at every moment for that which is not yet born, and yet not become desperate if there is no birth in our lifetime. There is no sense in hoping for that which already exists or for that which cannot be. Those whose hope is weak settle down for comfort or for violence; those whose hope is strong see and cherish all signs of new life and

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are ready every moment to help the birth of that which is ready to be born."

We are gathered at a moment when hope, like Spring, is busting out all over. The country will not wait for us. The opportunities for unprecedented progress arise on all sides. Can we use our knowledge, however imperfect, to seize the moment?

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